

FISCAL YEAR 1999-2000
SHORT-DOYLE/MEDI-CAL
MAXIMUM REIMBURSEMENT RATES

July 1, 1999 through June 30, 2000

	MODE OF SERVICE CODE		SERVICE FUNCTION CODE	TIME BASE	SHORT-DOYLE/MEDI-CAL MAXIMUM ALLOWANCE
	CR/DC Code	SD/MC Claiming Code			
SERVICE FUNCTION					
A. 24-HOUR SERVICES	05				
Hospital Inpatient		07, 08, 09	10-18	Client Day	\$750.23
Hospital Administrative Day		07, 08, 09	19	Client Day	\$218.68
Psychiatric Health Facility (PHF)		05	20-29	Client Day	\$427.39
Adult Crisis Residential		05	40-49	Client Day	\$241.00
Adult Residential		05	65-79	Client Day	\$117.54
B. DAY SERVICES	10	12, 18			
Crisis Stabilization					
Emergency Room			20-24	Client Hour	\$74.82
Urgent Care			25-29	Client Hour	\$74.82
Day Treatment Intensive					
Half Day			81-84	Client 1/2 Day	\$114.05
Full Day			85-89	Client Full Day	\$160.18
Day Rehabilitation					
Half Day			91-94	Client 1/2 Day	\$66.54
Full Day			95-99	Client Full Day	\$103.85
C. OUTPATIENT SERVICES	15	12, 18			
Case Management, Brokerage			01-09	Staff Minute	\$1.60
Mental Health Services			10-19		
			30-59	Staff Minute	\$2.05
Medication Support			60-69	Staff Minute	\$3.82
Crisis Intervention			70-79	Staff Minute	\$3.08